

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lch</i>	<i>70591</i>	<i>11/5</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>11-10-99</i>
FORMALITY REVIEW	<i>Ryz</i>	<i>88578</i>	<i>11/20/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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